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Nutrition Education By Nonprofessional Aides

MARGARET R. STEWART, *Consumer and Food Economics Research Division*

Many people in the United States do not have a well-balanced, nutritionally acceptable diet. Some lack a good diet because they are without adequate food or the money and physical ability to purchase it. Others have access to adequate food but lack the knowledge for achieving desirable diets.

All individuals in our society have the basic right to a good assortment of food in sufficient quantity to maintain nutritional health. But in order to benefit from this right, every citizen must know enough about foods and nutrition to choose those foods that will supply his nutrient and energy needs.

NEED FOR NUTRITION EDUCATION

People need more knowledge about food and nutrition. They need to be better informed on what foods they should include in their diets in order to satisfy their nutrient and energy requirements. They need to know how to store and prepare foods. They need direction on how to use the foods made available to them through food distribution programs.

Many efforts are being made to provide nutrition education for inadequately nourished Americans. The malnourished American who is geographically or culturally isolated or is educationally deprived is difficult to reach. In many cases, an informal learning experience in the home of the individual is the most effective way of reaching him.

Professional staffs

If all the nutritionists, dietitians, and home economists pooled their time and energy, they still could not reach all needy individuals and families in this country. Nonprofessional paid aides, trained and supervised by professionals,

are being used successfully in the effort to give nutrition education to those in need.

Pilot project with nonprofessional aides

The concept of using paid nonprofessional aides to disseminate nutrition information was first tested by the Extension Service of the USDA in low-income rural areas of five Alabama counties in 1964-69. The aides showed young homemakers and their families ways to improve their life. The pilot program was a success, and the use of aides by the Extension Service has greatly increased in recent years.

THE AIDES

Selection

Characteristics looked for in selecting aides are empathy and compassion for those in need and a willingness and ability to help people. Many agencies select aides who are indigenous to the socio-economic area to be served by a program. It is felt that indigenous aides can communicate easily with people whose lives and problems are similar to their own.

Aides of all ages have been successful. Some programs have selected middle-class aides; others have employed male aides. The most commonly employed aide is a mature female indigenous to the community.

Training

Training programs for aides vary according to the needs of the directing agency, the educational background of the aides, and the range of problems the aides must be prepared to solve. Most training programs include orientation,

preservice education, and professionally supervised inservice training. Careful selection and adequate training of aides will contribute to the success of a nonprofessional aide program.

Aides go by many titles, among them: extension aides, homemakers, health aides, program aides, community aides, and nutrition aides. Whatever the title, the aide is responsible for helping people improve their nutritional well-being.

CURRENT AIDE PROGRAMS

Aides provide nutrition education in a number of programs and agencies. Teaching nutrition and food management may be a large or small portion of their responsibilities.

Some of the aides teach rather than perform a housekeeping service; they help the homemaker help herself. Others, particularly those in health programs, perform a needed housekeeping service for the homemaker or individual. They spend only a small portion of their time teaching clients better nutrition practices.

The aides work with their clients individually and in groups in the client's home or in medical or senior citizens' centers.

Extension Service, U.S. Department of Agriculture

Aides have been functioning in the Extension Services' Expanded Food and Nutrition Education Program since 1969. More than 7,000 nonprofessional aides are currently involved in programs in all 50 States, the District of Columbia, Puerto Rico, and the Virgin Islands. This Extension Aide Program was discussed in an earlier issue of Nutrition Program News (March-April 1970).

The 4-H club format is being used to teach foods and nutrition in the program's youth phase. Particular needs of the hard-to-reach poor urban youth are kept in mind as programs are planned and conducted. Special efforts are being made to reach youths from black, Spanish speaking, and Indian families.

Students, Jaycees, church groups, women's service clubs, parents, and others are helping the Extension Service with these youth programs. Most of the youth are being reached in group activities. A group in Ohio obtained temporary use of land cleared for urban renewal and turned the area into garden plots. An aide in Illinois emphasized Better Breakfast Week by inviting some children in the program for a backyard breakfast that included commodity foods.

An aide in New York taught food and nutrition lessons as part of a youth neighborhood summer project.

Youth activities throughout the country are many and varied. The programs seem to be successful; they are reaching children who aren't involved in other programs of this nature. It is hoped that entire families can be reached and influenced through youth who are involved in the nutrition programs.

Department of Health and Hospitals, Denver, Colo.

The Nutrition Section of the Department of Health and Hospitals, Denver, Colo., utilizes the services of indigenous generalist type aides known as family health counselors. These aides are under the direction of the Social Services Section. They are trained in a six-month orientation period. The nutrition section provides in-depth instruction during this training period and continues with inservice programs.

The family health counselors are located in the two neighborhood health centers and eight health stations operated by the Department. They extend the services of the nutritionists in a number of ways, among them:

- Early identification of families needing nutrition counseling.
- Assisting families with food stamp applications and community resources.
- Providing guidance to families in the areas of basic nutrition information, home and money management, menu planning, marketing, food storage and preparation, and consumer education.
- Interpreting for Spanish-speaking patients, and advising staff about local cultural and ethnic differences.
- Occasionally serving as nutrition consultants.

Generalist type aides are invaluable to the nutrition section of this program as they enable the nutritionists to serve a large number of people to the best advantage.

University of Southern California Medical Center, Los Angeles County, Calif.

Young indigenous aides were selected and trained by pediatric services to give dietary instructions to lower socio-economic parents of children suffering from iron deficiency anemia. The instruction period totaled 4 hours over a 4-day period.

The aides then spent 4 hours a day for 2 weeks observing the dietitians as they counseled parents. The

aides were not encouraged to use technical terms as the use of such terms would probably decrease the aides' effectiveness with peer groups. The aides were found to be as effective as second-year medical students in teaching parents how their children should eat.

Council of Elders, Inc., Roxbury, Mass.

The purpose of this Coordinated Nutrition Project for the Elderly¹ is to use food as a vehicle to bring isolated elderly men and women into the mainstream of community life. Nutrition or dietary aides are an important part of this program. Currently, four aides, selected from the elderly of the community, are involved in programs at the Senior Action Center. These aides live with and understand the problems of the elderly that live on a fixed income in a high crime, ghetto area.

The initial aide training consisted of a month of classes in general orientation, techniques of interviewing, basic nutrition, health education, and diet therapy. Inservice training continues in once-a-week sessions with the project director, nutritionist, and nurse.

The program for the elderly is composed of the following:

- Group meals: served daily in the Senior Action Center and available to any senior citizen.
- Meals-on-wheels: delivered daily to the homes of individuals who are unable to prepare a proper meal for themselves. Referrals come from area health and social service agencies. All meals are 50 cents. Modified diets are available.
- Mobile-market concept: an attempt to ease food shopping problems by locating reasonably priced delivery service.
- Therapeutic dietary follow-up: to aid clients in solving problems they may have in following prescribed diets.
- Nutrition education: group discussions and individual counseling sessions.

The aides visit clients referred to the meals-on-wheels program. They evaluate a client's situation to see if other services are needed. The aides assess the client's knowledge of and attitude toward nutrition and suggest ways to change current food habits. This program has revealed that

poor nutrition in the elderly is usually not due to lack of knowledge but to poor health, lack of transportation, or social and emotional problems.

Roosevelt Hospital, New York, N.Y.

The main function of the two nutrition assistants in this Children and Youth Comprehensive Medical Care Program is to assist the nutritionist in delivering nutrition services to patients and their parents (or caretakers). The nutrition assistants, recruited from the surrounding community, must be literate in English and Spanish. No specific education is required. Training is provided over a 3-month period under the direct supervision of a nutritionist. After 6 months of satisfactory job performance, the nutrition assistant receives permanent employee status and is eligible for the standard hospital benefits.

Duties and responsibilities of the nutrition assistants are to:

- Obtain and record accurate diet histories.
- Assist in individual or group dietary counseling.
- Assist in food demonstrations and group teaching.
- Make home visits for followup counseling, demonstrate simple food or formula preparation.
- Prepare oral and written reports about home visits.
- Assist homemaker in food purchasing.
- Assist in the preparation of Spanish language teaching materials.

Maternity and Infant Care Project, Wayne, Warren, and Halifax Counties, N.C.

The aim of this project is to provide prenatal, postnatal and infant care for the medically indigent. Program components include medicine, nursing, social work, health education, and nutrition.

The nutrition component of the program focuses primarily on the improvement of nutrition but readily recognizes that food habits do not stand alone in the home situation. Many home conditions must be improved before the family can concentrate on improving nutrition.

The program utilizes two homemakers in each county. A homemaker must be a high school graduate, pass a State merit system examination, be a successful homemaker and be well thought of in her community. Homemakers are under the direct supervision of a home economist who is responsible for the nutrition programs in all three counties.

¹ One of the Nutrition Research and Demonstration Projects funded under Title 4, of the Older Americans Act by the Administration on Aging, Social and Rehabilitation Services, Department of Health, Education and Welfare.

Health and nutrition classes taught by homemaker aides are available to clients during the time they must wait for medical appointments. This gives homemakers the opportunity to develop a rapport with clients before calling at their homes.

The homemaker works primarily in the homes of her clients. The amount of time she spends with each client varies with the needs. She counsels the client on prenatal nutrition and on nutrition for the infant during his first year of life. She may help with meal planning and food shopping, and explain how to use food stamps. The homemaker and mother work together to prepare the layette, bed, powdered milk, or homemade foods for baby. Whatever the problem, the homemaker aide tries to improve the life of the mother, infant, and family.

Home Services Program, Department of Institutions and Agencies, N.J.

The primary objective of this public welfare program is to maintain the home during times of crisis when home-life is threatened. The aide serves as both teacher and guide in homes that often are deprived and poverty stricken. Aide functions include the following:

- Taking over some of the family or household duties in time of need. Her services may make it possible to maintain the home, thus avoiding the necessity of relocating dependent family members.
- Demonstrating to family members how to improve nutrition, housekeeping, and child and self care.
- Encouraging individuals to make better use of their limited means and of community services.

Health Services Administration, Washington, D.C.

Two nutrition aides are working in Comprehensive Care Centers in this city. They are from the surrounding community and were selected for their ability, compassion, and desire to work with the patients at the health care units.

The training of the aides has been on a one-to-one basis. As the aide gains knowledge of desirable nutrition and

food practices and learns the ways to pass on this knowledge, her duties are expanded. Aides work with patients in the waiting rooms of the health centers. A simple program for teaching good food practices is being developed for presentation by aides.

The aide is not a modified copy of a nutritionist. She has special value in knowing the people of the community and having the interest and ability to work with them.

Health programs are constantly reviewed and studied by those involved in them in order to eliminate non-useful components and to keep them meaningful to the community they serve.

CONCLUSION

Nonprofessional paid aides are being trained and employed throughout the country in programs which aim to increase the nutrition knowledge of the people they serve. Aides perform a great number of educational and service functions in addition to the food and nutrition information they give to clients; improvement of the nutritional habits of clients may or may not be a primary function of the aide program.

Nutrition education alone would rarely be enough to bring about any lasting improvement in the well-being and way of life of needy individuals. Adverse conditions usually associated with poverty, age, or illness must also be relieved. An aide can often perform, demonstrate, or suggest activities which will help these people use their limited resources to greater advantage and pleasure.

The aides themselves benefit greatly from these nutrition programs. They were often unemployed prior to their training and placement as aides. Jobs with a future are scarce for people with minimal skills. Employment as aides gives upward mobility to people of limited skills, education, and training.

Current nutrition programs employ from one to 7,000 aides; they are nationwide in scope or limited to one local organization. Under the programs, aides perform an invaluable service in taking nutrition education and other services to the poor, aged, or ill. Aides are being incorporated into such programs with increasing frequency, and their duties are being constantly reviewed and expanded.